## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant	(s):	Graha	n P. A	llaway et a	1.					
Serial No	). :	09/904	4,356		**************************************	Examiner:	Jeffrey	Parkin,	Ph.D.	
Filed	:	July	12, 20	01		_Group Art	: Unit:	1648		
For	:	метноі	DS FOR	INHIBITING	HIV-I	ENVELOPE	GLYCOPRO	TEIN-		
		MEDICA	MEDICATED MEMBRANE FUSION							
BY EFS Commissi Alexandr			tents			Date: _	October	13, 2010		
sir:										
Transmitt	ed h	erewith	is an	amendment	to th	e above-id	lentified	applica	tion.	
**************************************		mall entity status of this application under 37 .F.R. §1.9 and §1.27 has been previously stablished.								
***************************************			under	atement to 37 C.F.R						
X		No addit	ional	fee is requ	ired.					

The filing fee is calculated as follows:

	Number	Highest Number	Number of Extra	RATE		F		EE.
	after Amend- ment	Previously Paid For	Claims Presented	Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	4	* 6 =	*** 0 <sub>x</sub>	\$26	\$52			0
Indepen -dent Claims	1 -	**	*** 0 <sub>X</sub>	\$110	\$220	=		o
Multiple For Firs		t Claim(s) Pr Yes <b>X</b>		\$195	\$390	=		0
				TOTAL A	DDITIONAL	Ĺ	\$	0

<sup>1</sup> The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

AFTER AMERICANT IN ANY PRIOR AMERICANCE OF THE NUMBER OF CLAIMS ORIGINALLY FILED.

\*If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "3" in this space.

\*\*If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

\*\*\*If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

Applicant(s):						
Serial No. :						
	July 12, 2001					
Amendment Trans Page 2	mittal Letter					
The following a	re also enclosed	:				
One addit	ional copy of th	is Amendment Transmittal Letter				
Return Re	ceipt Postcard					
(Copies o		Statement, including Form PTO-1449  ided: Yes No  included)				
		ension of Time, including a fee of tition for Month(s) Extension of Time				
Other (id	entify):					
	-1					
THE TOTAL FEE D	OUE IS \$ 0.	•				
A check i	n the amount of	s is enclosed.				
Please cha		ount No in the amount of				
X The Commis	ssioner is hereby or credit any ove	authorized to charge any additional fees expayment to Deposit Account No. 03-3125				
X Fees	under 37 C.F.R. nt application p	§1.16 for the presentation of extra claims rocessing fees under 37 C.F.R. §1.17				
		Respectfully submitted,				
I hereby cer correspondence transmitted vi	of Transmission rtify that this is being a the Electronic (EFS) to the U.S. ademark Office on the U.S.	John R. White Registration No. 28,678 Attorney for Applicants Cooper & Dunham LLP 30 Rockefeller Plaza 20 <sup>th</sup> Floor New York, New York 10112 (212) 278-0400				